Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document RECEIVED 1. Agency Name Date Stamp California Form MS Mai) For Official Use Only Division, Department, or Region (If Applicable) Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (Month, Day, Year) **Function or Event Information** Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🗹 No 🔲 Event Description Barraceda V. Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest If yes: Official's Name (Last, First) of agency official? 3. Recipients . Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) GSTER BATALLY AGEN Number of В. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Income ___ Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature-of-Agency Head or Designee

Print Name

Title

(Month, Day

Comment: